

CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 3/29/13

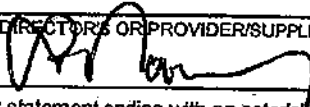
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445427		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/04/2013	
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 444 ONE ELEVEN PLACE COOKEVILLE, TN 38501			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was revealed the facility failed to maintain the smoke barriers.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observation of the dirty side of the laundry room on 2/4/13 at 9:33 AM, revealed a ceiling penetration at the sprinkler. 2. Observation of the sprinkler riser room on 2/4/13 at 9:45 AM, revealed a ceiling penetration at the sprinkler. 3. Observation of the Physical Therapy mechanical room on 2/4/13 at 10:22 am, revealed a ceiling penetration above the door. <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/4/13.</p>	K 025	<p>NFPA 101 Life Safety Code Standard SS=D</p> <p><u>Requirement:</u> The facility will ensure that there are no penetrations in the ceilings or walls which will prevent proper smoke barriers.</p> <p><u>Corrective Action:</u> 1. On 2/5/13 the Maintenance Director repaired the ceiling penetration in the dirty side laundry room, the sprinkler riser room, and the physical therapy mechanical room. 2. On 2/6/13 the Maintenance Director and Assistant Maintenance man inspected the facility to ensure that there were no additional ceiling penetrations. 3. On 2/15/13 the maintenance department was inserviced by the Administrator regarding the need to repair and prevent ceiling penetrations. 4. The Maintenance Director and Assistant Maintenance man will monitor for compliance through weekly observations X30 days, if compliance is maintained decrease audits to monthly X3 months. Findings will be reviewed in Quality Assurance Committee.</p>	02/15/13			
K 062	NFPA 101 LIFE SAFETY CODE STANDARD	K 062					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



ADMINISTRATOR

2/25/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062 SS=D	Continued From page 1 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and document review, it was determined the facility failed to maintain the sprinkler system. The findings included: 1. Observation of the walk-in refrigerator on 2/4/13 at 9:43 AM, revealed a rusty sprinkler. 2. Document review on 2/4/13 at 11:00 AM, revealed there was no 5 year sprinkler obstruction investigation conducted. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/4/12.	K 062	NFPA 101 Life Safety Code Standard SS=D <u>Requirement:</u> There facility sprinkler system will be maintained in a reliable operating condition. <u>Corrective Action:</u> 1. (a) On 2/5/13 the Maintenance Director replaced the rusty sprinkler head which was found in the kitchen walk-in refrigerator. (b) On 2/5/13 the facility had Tennessee/Kentucky Sprinkler Company conduct the required 5 year sprinkler obstruction investigation. 2. (a) On 2/5/13 the Maintenance Director inspected the facility to ensure that there were no additional sprinkler heads which had rust on them. (b) From 2/18/13 to 2/22/13 Tennessee/Kentucky Sprinkler Company performed repairs on the sprinkler system which were identified by the sprinkler obstruction report conducted on 2/5/13. 3. On 2/15/13 the maintenance department was inserviced by the Administrator regarding the need have an obstruction test completed on the sprinkler system every 5 years, as well as the need to replace/repair sprinkler heads if they develop rust. 4. The Maintenance Director and Assistant Maintenance man will monitor for compliance through weekly observations X30 days, if compliance is maintained decrease audits to monthly X3 months. Findings will be reviewed in Quality Assurance Committee.	2/15/13	
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by:	K 067	NFPA 101 Life Safety Code Standard SS=D <u>Requirement:</u> The facility will maintain the ventilation system in accordance to manufacturer's specifications.		

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K 067	Continued From page 2 Based on testing, it was determined the facility failed to maintain the ventilation system. The findings included: 1. Testing of the air flow in dirty side of the laundry room on 2/4/13 at 9:31 AM, revealed the room has positive air pressure. 2. Testing of the bathroom ventilation fans of the 500 hall on 2/4/13, revealed the fans not working. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/4/13.	K 067	<u>Corrective Action:</u> 1. (a) On 2/7/13 the issue of positive air pressure in the dirty side of the laundry room was repaired. (b) On 2/7/13 the exhaust fan on 500 hall was replaced to correct issue of ventilation fans in 500 bathrooms not working. 2. On 2/8/13 the Maintenance Director inspected the facility to ensure that there were no other issues regarding incorrect air pressure and ventilation fans not operating properly. 3. On 2/15/13 the maintenance department was inserviced by the Administrator regarding the need for negative air pressure in the dirty side of laundry as well as ensuring that ventilation fans are operating properly for bathroom ventilation. 4. The Maintenance Director and Assistant Maintenance man will monitor for compliance through weekly observations X30 days, if compliance is maintained decrease audits to monthly. Findings will be reviewed in Quality Assurance Committee.	2/15/13	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical equipment. The finding included: Observation of the sprinkler riser room on 2/4/13 at 9:47 AM, revealed an extension cord in use. The finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/4/13.	K 147	NFPA 101 Life Safety Code Standard SS=D <u>Requirement:</u> The facilities electrical wiring will be maintained in accordance with NFPA 70, National Electrical Code 9.1.2 <u>Corrective Action:</u> 1. On 2/5/13 the Maintenance Director removed the extension cord in use in the sprinkler riser room. On 2/7/13 the facility contracted with Smith Electric to properly wire for sprinkler system backup generator. 2. On 2/7/13 the Maintenance Director inspected the facility to ensure that there were no other extension cords in use. 3. On 2/15/13 the maintenance department was inserviced by the Administrator regarding the concern with having extension cords in use. 4. The Maintenance Director and Assistant Maintenance man will monitor for compliance through weekly observations X30 days, if compliance is maintained decrease audits to monthly X3 months. Findings will be reviewed in Quality Assurance Committee.	2/15/13	